

Level II and Level III Neonatal Center Designation Application Components

Hospitals applying for a Level II or III Neonatal Center Designation will submit an application to the Department of Public Health (DPH) within 90 days of receiving a site survey report from the American Academy of Pediatrics (AAP). You will submit this information through an online application system. Please contact perinatal.designations@dph.ga.gov to set up an account.

The application will be comprised of the following components:

- 1) Data
- 2) AAP NICU Verification Program site survey report
- 3) Corrective action plan and/or supplemental documentation for any deficiency noted in your site survey

Details for each component are described below.

Data

You will submit the data elements listed in the following tables as part of your application. Although you will submit data to AAP in their Pre-Review Questionnaire, that data will not be sent to DPH. You will select a one-year timeframe for the data that you provide.

In the online application system, the information will be written out as individual questions. They are provided here in table format to help you better understand the information you will be asked to provide. Please note that the data in the second table is designed to help us evaluate our regionalized perinatal system.

Table 1

	Born (Total)	Deaths	Neonates transferred out for services not available onsite	Convalescent neonates received back
All live births at your facility				
Live births less than 1,500 grams (VLBW)				
Live births less than 32 weeks gestation (VPTD)				

Table 2

Name of Hospital	Number of neonates transferred OUT for services not available onsite
Hospital 1	

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Hospital 2	
Hospital 3	

Site Survey Report

After your site survey, AAP will send you a site survey report with findings and whether or not your hospital meets the requirements in Georgia Rule 5-11-13. You will upload this document in the online application system. Please note that AAP will send your site survey report to DPH after the site survey is completed for invoicing purposes only. It will not be considered part of your application until it is submitted by your hospital.

You will also receive a separate document from AAP with additional items for consideration based on AAP standards. This document is consultative only and does not need to be submitted to DPH.

Corrective Action Plan

The site survey report from AAP will list any requirements from Georgia Rule 5-11-13 that your hospital does not meet. You must submit a corrective action plan for any deficiencies listed to describe how you plan to correct the deficiency. The table below is a sample corrective action plan. You may choose to alter the format or contents. Your corrective action plan should be signed by your Neonatal Medical Director and Nurse Manager.

Deficiency	Details	Action	Responsibility	Implementation Date	Completion Date
Section of Rule 5-11-13	Description of rule	How you will address the deficiency	Person(s) responsible for overseeing implementation	Date you will begin implementation	Date you will complete implementation

You may also choose to submit any supplemental documentation to demonstrate any corrections you have made prior to submitting your application.